

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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## APPLICATION FOR LIQUOR LICENSE

TYPE OR PRINT WITH **BLACK INK**

**Notice:** Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

### **SECTION 1** This application is for a:

- ☐ INTERIM PERMIT *Complete Section 5*  
☐ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16, 17*  
☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)  
*Complete Sections 2, 3, 4, 11, 13, 15, 16, 17*  
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)  
*Complete Sections 2, 3, 4, 12, 13, 15, 16, 17*  
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE  
*Complete Sections 2, 3, 4, 9, 13, 15, 17 (fee not required)*  
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16, 17*

### **SECTION 2** Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*  
☐ INDIVIDUAL *Complete Section 6*  
☐ PARTNERSHIP *Complete Section 6*  
☐ CORPORATION *Complete Section 7*  
☐ LIMITED LIABILITY CO. *Complete Section 7*  
☐ CLUB *Complete Section 8*  
☐ GOVERNMENT *Complete Section 10*  
☐ TRUST *Complete Section 6*  
☐ OTHER Explain \_\_\_\_\_

### **SECTION 3** Type of license and fees:

LICENSE #: \_\_\_\_\_

1. Type of License: \_\_\_\_\_ 2. Total fees attached: \$ \_\_\_\_\_

**APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.**

**A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. 44.6852)**

### **SECTION 4** Applicant: (All applicants must complete this section)

1. Applicant/Agent's Name: Mr. \_\_\_\_\_ Ms. \_\_\_\_\_  
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: \_\_\_\_\_  
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: \_\_\_\_\_  
(Exactly as it appears on the exterior of premises)
4. Business Address: \_\_\_\_\_  
(Do not use PO Box Number) City COUNTY Zip
5. Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Residence Phone: (\_\_\_\_\_) \_\_\_\_\_
6. Is the business located within the incorporated limits of the above city or town? ☐ YES ☐ NO
7. Mailing Address: \_\_\_\_\_  
City State Zip
8. Enter the amount paid for a **06, 07, or 09** license: \$ \_\_\_\_\_ (Price of License ONLY)

#### **DEPARTMENT USE ONLY**

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_ Lic. # \_\_\_\_\_

Fees: \_\_\_\_\_ \$ \_\_\_\_\_  
Application Interim Permit Agent Change Club F. Prints **TOTAL**

PROCESSING APPLICATIONS TAKES APPROXIMATELY 90 DAYS, AND CIRCUMSTANCES OFTEN RESULT IN A LONGER WAITING PERIOD.

YOU ARE CAUTIONED REGARDING PLANS FOR A GRAND OPENING, ETC., BEFORE FINAL APPROVAL AND ISSUANCE OF THE LICENSE.

## **SECTION 5 Interim Permit:**

1. If you intend to operate business while your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. \_\_\_\_\_
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? \_\_\_\_\_

### **ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.**

I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER,  
(Print full name)  
PARTNER, STOCKHOLDER OR LICENSEE of the stated license and location.

State of \_\_\_\_\_ County of \_\_\_\_\_  
X \_\_\_\_\_ The foregoing instrument was acknowledged before me this  
(Signature) \_\_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

My commission expires on: \_\_\_\_\_  
(Signature of NOTARY PUBLIC)

## **SECTION 6 Individual or Partnership Owners:**

**EACH PERSON LISTED MUST SUBMIT A COMPLETED FORM "LIC0101", AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 FEE FOR EACH CARD.**

1. Individual:

Last	First	Middle	% Owned	Residence Address	City State Zip
			%		

Partnership Name: (Only the first partner listed will appear on license) \_\_\_\_\_

General-Limited	Last	First	Middle	% Owned	Residence Address	City State Zip
<input type="checkbox"/> <input type="checkbox"/>				%		
<input type="checkbox"/> <input type="checkbox"/>				%		
<input type="checkbox"/> <input type="checkbox"/>				%		
<input type="checkbox"/> <input type="checkbox"/>				%		

(ATTACH ADDITIONAL SHEET IF NECESSARY)

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO

## SECTION 7 Corporation/Limited Liability Co.:

**EACH PERSON LISTED MUST SUBMIT A COMPLETED FORM "LIC0101", AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 FEE FOR EACH CARD.**

☐ CORPORATION

*Complete questions 1, 2, 3, 5, 6, 7, 8.*

☐ L.L.C.

*Complete questions 1, 2, 4, 5, 6, 7 and attach copy of Articles of Org. and Operation Agreement.*

1. Name of Corporation/L.L.C.: \_\_\_\_\_  
(Exactly as it appears on Articles of Inc. or Articles of Org.)

2. Date Incorporated/Organized: \_\_\_\_\_ State where Incorporated/Organized: \_\_\_\_\_

3. AZ Corporation Commission File No.: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_

4. AZ L.L.C. File No.: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_

5. Is Corp./L.L.C. non-profit? ☐ YES ☐ NO If yes, give IRS tax exempt number: \_\_\_\_\_

6. List all directors,/ officers, controlling stockholders or members in Corporation/L.L.C.:

Last	First	Middle	Title	Residence Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders or controlling members owning 10% or more:

Last	First	Middle	% Owned	Residence Address	City	State	Zip
			%				
			%				
			%				
			%				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach an ownership, and director/officer/members disclosure for the parent entity. Attach additional sheets as necessary in order to disclose real people.

## SECTION 8 Club Applicants:

**EACH PERSON LISTED MUST SUBMIT A COMPLETED FORM "LIC0101", AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 FEE FOR EACH CARD.**

1. Name of Club: \_\_\_\_\_ Date Chartered: \_\_\_\_\_  
(Exactly as it appears on Club Charter) (Attach a copy of Club Charter)

2. Is club non-profit? ☐ YES ☐ NO If tax exempt, give IRS tax exempt number: \_\_\_\_\_

3. List officer and directors:

Last	First	Middle	Title	Residence Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

**SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store:**

1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: \_\_\_\_\_  
Last First Middle
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date of Last Renewal: \_\_\_\_\_
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.
- 

**SECTION 10 Government: (for cities, towns, or counties only)**

1. Person to administer this license: \_\_\_\_\_  
Last First Middle
2. Assignee's Name: \_\_\_\_\_  
Last First Middle

**A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.**

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**SECTION 11 Person to Person Transfer:**

**Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY).**

1. Current Licensee's Name: \_\_\_\_\_ Entity: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: \_\_\_\_\_  
(Exactly as it appears on license)
3. Current Business Name: \_\_\_\_\_  
(Exactly as it appears on license)
4. Current Business Address: \_\_\_\_\_  
\_\_\_\_\_
5. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Last Renewal Date: \_\_\_\_\_
6. Current Mailing Address (other than business): \_\_\_\_\_  
\_\_\_\_\_
7. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
8. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete section 5, attach fee, and current license to this application.
9. I hereby relinquish my rights to the above described license to the applicant named in this application and hereby declare that the statements made in this section are true, correct and complete.

I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,  
(Print full name)  
STOCKHOLDER or LICENSEE of the stated license. I have read this section foregoing questionnaire and the contents and all statements are true, correct and complete.

X \_\_\_\_\_  
me this  
(Signature of CURRENT LICENSEE)

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before  
\_\_\_\_\_ day of \_\_\_\_\_,  
Day of Month Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

## **SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)**

**APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE.**

1. Current Business Name and Address: \_\_\_\_\_  
(Exactly as it appears on license) \_\_\_\_\_
2. New Business Name and Address: \_\_\_\_\_  
(Do not use PO Box Number) \_\_\_\_\_
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Last Renewal Date: \_\_\_\_\_
4. What date do you plan to move? \_\_\_\_\_ What date do you plan to open? \_\_\_\_\_

## **SECTION 13 Questions for all in-state applicants:**

1. Distance to nearest school: \_\_\_\_\_ ft. Name/Address of school: \_\_\_\_\_  
**(Regardless of distance)**
2. Distance to nearest church: \_\_\_\_\_ ft. Name/Address of church: \_\_\_\_\_  
**(Regardless of distance)**
3. I am the: ☐ LESSEE ☐ SUBLESSEE ☐ OWNER ☐ PURCHASER (of premises)
4. If the premises is leased give lessors name and address: \_\_\_\_\_
- 4a. Monthly rental/lease rate \$ \_\_\_\_\_. What is the remaining length of the lease? \_\_\_\_\_ yrs. \_\_\_\_\_ mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ \_\_\_\_\_ or other \_\_\_\_\_  
(give details - attach additional sheet if necessary)
5. What is the total **business** indebtedness of the applicant for this license/location excluding lease? \$ \_\_\_\_\_

Does any one creditor represent more than 10% of that sum? ☐ YES ☐ NO If yes, list below. Total must equal 100%.

Last	First	Middle	% Owed	Residence Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for? (BE SPECIFIC) \_\_\_\_\_
7. Has a license, or a transfer license for the premises on this application been denied by the state within the past one (1) year?  
☐ YES ☐ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee, have any interest in your business? ☐ YES ☐ NO
9. Is the premises currently licensed with a liquor license? ☐ YES ☐ NO If yes, give license number and licensee's name:  
License # \_\_\_\_\_ (Exactly as it appears on license) Name \_\_\_\_\_

## **SECTION 14 Restaurant, or Hotel-Motel Applicants:**

1. Is there a valid restaurant or hotel-motel liquor license at the proposed location? ☐ YES ☐ NO If yes, give licensee's name:

\_\_\_\_\_ and license #: \_\_\_\_\_  
Last First Middle

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. Section 4-203.01; and complete Section 5 of this application.
3. All restaurant applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor.
4. Do you understand that **40% of your annual gross revenue** must be from food sales? ☐ YES ☐ NO

## **SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)**

1. Check **ALL** boxes that apply to your licensed premises:

<input type="checkbox"/> Entrances/Exits	<input type="checkbox"/> Liquor storage areas
<input type="checkbox"/> Drive-in windows	<input type="checkbox"/> Patio enclosures
<input type="checkbox"/> Service windows	<input type="checkbox"/> Under construction: estimated completion date _____

2. Restaurants and Hotel/Motel applicants must explicitly depict kitchen equipment and dining facilities.
3. The diagram below is the only area where spirituous liquor is to be sold, served, consumed, dispensed, possessed, or stored.  
Give the square footage or outside dimensions of the licensed premises.

DO NOT INCLUDE PARKING LOTS, LIVING QUARTERS, ETC.

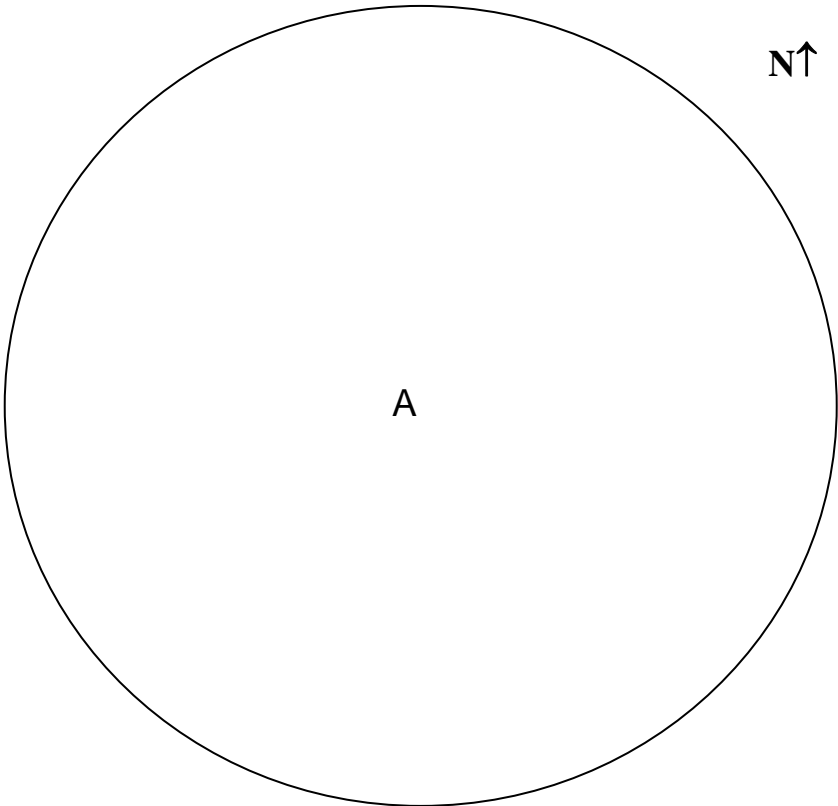
**YOU MUST NOTIFY THE DEPARTMENT OF LIQUOR OF ANY CHANGES OF BOUNDARIES, ENTRANCES, EXITS, OR SERVICE WINDOWS MADE AFTER SUBMISSION OF THIS DIAGRAM.**

**SECTION 16** Geographical Data: **A SAMPLE FOR THIS SECTION IS PROVIDED ON THE BACK OF THIS PAGE.**

List below the exact names of all churches, schools, and spirituous liquor outlets within a one mile radius of your proposed location.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_
- 15. \_\_\_\_\_

(ATTACH ADDITIONAL SHEET IF NECESSARY)



A = Your business name and identify cross streets.

**SECTION 17** Signature Block:

I, \_\_\_\_\_, declare that: 1) I am the APPLICANT (Agent/Club Member/Partner), making  
(Print name of APPLICANT/AGENT listed in Section 4 Question 1)  
this application; 2) I have read the application and the contents and all statements are true, correct and complete; 3) that this application is not  
being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) that no other person, firm, or corporation,  
except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) that to the best of my  
knowledge and belief, none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the  
past five (5) years.

X \_\_\_\_\_  
(Signature)

My commission expires on: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this  
\_\_\_\_\_ day of \_\_\_\_\_,  
Day of Month Month Year

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

**SAMPLE**  
**GEOGRAPHICAL DATA**

In the area adjacent to the map provided below indicates your proposed location and the exact names of all churches, schools, and alcoholic beverage outlets within a 1 mile radius of your proposed location. (See example below)

A = Applicant Series 12

01 Pink Elephants Series 06

02 Mama's Rest. Series 12

03 Corner Liquors Series 09

04 Joe's Groceries Series 10

05 Lions Club Series 14

06 Burgers R Us Series 07

07 Pizza Perfect Series 07

08 Billy Bobs Bar Series 06

09 St. Anthonys Church

10 St. Anthonys School

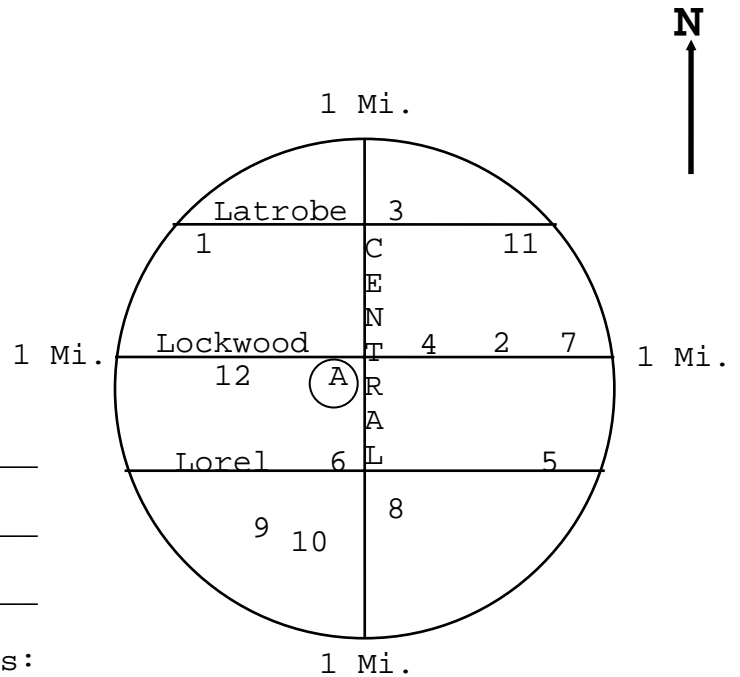
11 Burbank Middle School

12 First United Baptist Church

13 \_\_\_\_\_

14 \_\_\_\_\_

15 \_\_\_\_\_



A.R.S. Section 4-207.A reads as follows:

- A. No retailers license shall be issued for any premises which are. at the
- B. time the license application is received by the Director, within three hundred(300) horizontal feet of a church, within three hundred(300) horizontal feet of a public or private school building with kindergarten programs or any of grades one(1) through twelve(12).
- C. or within three hundred(300) horizontal feet of a fenced recreational area adjacent to such school building.